

2014 MEMBERSHIP APPLICATION - FRIENDS OF THE MUSEUM OF THE ALBEMARLE

☐ **LIFETIME: \$500 & Up**

☐ **SPONSOR: \$200**

☐ **PATRON: \$100**

☐ **FAMILY/GRANDPARENT: \$50**

☐ **INDIVIDUAL: \$30**

☐ **STUDENT: \$15** (CURRENT STUDENT I.D.)

NAME _____ **PREFERRED NAME(S)** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **WORK PHONE** _____ **E-MAIL** _____

☐ **I would like to receive the Gateway Newsletter via e-mail.**

(Contact information for the Friends of the Museum of the Albemarle use only.)

MEMBERSHIP DUES ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW AND RUN FROM JANUARY 1 THROUGH DECEMBER 31.

Please make checks payable to: Friends of the Museum of the Albemarle
Mail directly to: Museum of the Albemarle, Attn: Membership Chair
501 South Water Street; Elizabeth City, NC 27909

☐ **PLEASE SEND AS A GIFT TO:**

NAME & ADDRESS _____

PHONE NUMBER _____ **E-MAIL** _____

☐ **Send me information on separate membership in the Guild of Museum Friends.**

AMOUNT ENCLOSED

\$ _____

THANK YOU FOR YOUR SUPPORT!